FORM D

03038097



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

	<u>· · · · · · · · · · · · · · · · · · · </u>						
OMB Approval							
	OMB Number: 3235-0076						
Expires: November 30, 2001							
	Estimated average burden						
	hours per response 16.00						

117332

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Series B Preferred							
Filing Under (Check box(es) that apply): □ Rule 504. □ Rule 505 🗷 Rule 506 □ Section 4	4(6) ULOE						
Type of Filing: 😡 New Filing 🗆 Amendment							
A. BASIC IDENTIFICATION DATA							
1. Enter the information requested about the issuer							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Amphus, Inc.							
Address of Executive Offices (Number and Street, City, State, Zip Code) 1960 Zanker Road, San Jose, CA 95112	Telephone Number (Including Area Code) (408) 467–2100						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)							
Brief Description of Business Development, marketing and distribution of server architecture and server management software							
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ color business trust ☐ limited partnership, to be formed	other (please specify):						
Actual or Estimated Date of Incorporation or Organization: Month Year 1 2 9 9	Actual D RECEDEL						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	NOV 14 2003						

GENERAL INSTRUCTIONS

THOMSON FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitues a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99) 1 of 8



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and man	naging	g partner of p	artne	ership issuers.					
Check Box(es) that Apply:	X	Promoter	X	Beneficial Owner	X	Executive Officer	X	Director	□General and/or Managing Partner
Full Name (Last name first, i Fung, Henry	f indiv	vidual)							
Business or Residence Addre 1960 Zanker Road, S				City, State, Zip Cod	e)				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	☒	Director	□General and/or Managing Partner
Full Name (Last name first, i Fujimura, Michio	findi	vidual)							
Business or Residence Address 555 Twin Dolphin Dr						94065			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	包	Director	□General and/or Managing Partner
Full Name (Last name first, Dilworth, Robert	f indi	vidual)							
Business or Residence Addres 63 Geoffrey Drive,				, City, State, Zip Coc 95062	le)				
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director	□General and/or Managing Partner
Full Name (Last name first, Vadem, Ltd.	f indi	vidual)							
Business or Residence Addre 1960 Zanker Road, S				, City, State, Zip Coo 112	le)				
Check Box(es) that Apply:		Promoter	K	Beneficial Owner		Executive Officer		Director	□General and/or Managing Partner
Full Name (Last name first, Tsang, Siu	f indi	vidual)							
Business or Residence Address 1960 Zanker Road, S				, City, State, Zip Coo 112	ie)				
Check Box(es) that Apply:		Promoter	K	Beneficial Owner	С	Executive Officer		Director	□General and/or Managing Partne
Full Name (Last name first, Tatung System Techn									
Business or Residence Address, Chungshan N. Rd						R.O.C.			
Check Box(es) that Apply:		Promoter	Ŕ	Beneficial Owner	С	Executive Officer		Director	□General and/or Managing Partne
Full Name (Last name first, ITX International E			ati	on					
Business or Residence Addr 700 E. El Camino Re						A 94040-2800			

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

<u>..</u>

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and man Check Box(es) that Apply: 		partner of pa Promoter	artnership issuers. Z Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or
Full Name (Last name first, i	indiv	idual)				Managing Partner
Chung, Edmund M.	· Hittiy					
Business or Residence Addre 16485 Kercheval Av						
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ss (Nu	mber and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)				
Business or Residence Addre	ss (Nu	mber and St	reet, City, State, Zip Coo	le)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)				
Business or Residence Addre	ess (Nu	ımber and St	reet, City, State, Zip Coo	de)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partne
Full Name (Last name first,	if indi	vidual)				
Business or Residence Addre	ess (N	ımber and S	treet, City, State, Zip Co	de)	**************************************	
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partne
Full Name (Last name first,	if indi	vidual)				
Business or Residence Addr	ess (N	umber and S	treet, City, State, Zip Co	de)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partne
Full Name (Last name first,	if indi	vidual)				
Business or Residence Addr	ess (N	umber and S	Street, City, State, Zip Co	ode)		

B. INFORMATION ABOUT OFFERING						
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes □	No 🕿				
Answer also in Appendix, Column 2, if filing under ULOE.						
2. What is the minimum investment that will be accepted from any individual?						
	Yes	No				
3. Does the offering permit joint ownership of a single unit?	X					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.						
Full Name (Last name first, if individual) None						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States)						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]						
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] -[NC] [ND] [OH] [OK] [OR] [PA]						
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States)						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]						
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States)□ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]						
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]						
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]						

(Use blank sheet, or copy and use additional coopies of this sheet, as necessary) 3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the column below the amounts of the securities of-			
fered for exchange and already exchanged.			
Type of Security	Aggrega Offering P		Amount Already Sold
Debt	\$	0	\$0
Equity □ Common ☑ Preferred Series B	\$ <u>1,066,</u>	000	\$1,066,000
Convertible Securities (including warrants)	\$	0	\$ 0
Partnership Interests	\$		
Other (Specify)	\$		so
Total	<u>\$1,066,</u>		\$1,066,000
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Numbe Investo	-	Aggregate Dollar Amount of Purchases
Accredited Investors		3	\$1,066,000
Non-accredited Investors		0	\$0
Total (for filings under Rule 504 only)			S
Answer also in Appendix, Column 4, if filing under ULOE			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
Type of offering	Type o Securit	:y	Dollar Amount Sold
Rule 505			\$
Regulation A			S
Rule 504			\$
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			s <u> </u>
Printing and Engraving Costs			so
Legal Fees		\mathbf{x}	\$ <u>20,000</u>
Accounting Fees			S <u> </u>
Engineering Fees			s <u> </u>
Sales Commissions (Specify finder's fees separately)			s0
Other Expenses (identify)			s0
Total		X	s 20,000

COFFERING PRICE, NUMBER	OF INVESTORS,	EXPENSES	AND US	SE OF	PROCEE	OS
b. Enter the différence between the aggregate Question 1 and total expenses furnished in respis the "adjusted gross proceeds to the issuer."		\$	1,046,000			
5. Indicate below the amount of the adjusted gross used for each of the purposes shown. If the an an estimate and check the box to the left of th must equal the adjusted gross proceeds to the tion 4.b. above.	nount for any purpose is not e estimate. The total of the	known, furnish payments listed				
			Paymen Office Directo Affilia	ers, rs, &	Payments T Others	'o
Salaries and fees			S	0 🗆	\$	0
Purchase of real estate			\$	0 0	\$	0
Purchase, rental or leasing and installatio	n of machinery and equipm	ent	\$	0_ 🗆	\$	0
Construction or leasing of plant building	gs and facilities		\$	0 🗆	\$	0
Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger	the assets or securities of ar	other issuer	\$	0 0	\$	0
Repayment of indebtedness			\$	0 🗆	\$	0
Working capital			\$	0 🗆	\$1,046,00	<u>0</u>
Other (specify)			\$	0 🗆	\$	0_
		□	S	0 🗆	\$	<u>0</u>
Column Totals			\$	0 🗆	$5^{1,046,00}$	00
Total Payments Listed (column totals a	ıdded)			55x\$ <u>1</u>	,046,000	
D	. FEDERAL SIGNA	TURE				
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by request of its staff, the information furnished by the	the issuer to furnish to the	U.S. Securities a	nd Exchan	ge Comm	ission, upon w	ritten
Issuer (Print or Type)	Signature		Date			
Amphus, Inc.	Many -	_/		11-12	2-03	
Name of Signer (Print or Type) Henry Fung	Citle of Signer (Print or Type Chief Executive Of					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)